



STATE OF WASHINGTON
DEPARTMENT OF EARLY LEARNING

Date

Name
Address
City, ST Zip

Dear Name:

Your application for a family home child care license is withdrawn, as you requested.

Thank you for your interest in family home child care. If you have questions about licensing in the future, the Department of Early Learning (DEL) will be available to consult with you.

Sincerely,

Name
Child Care Licensors
cc